## COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM PERIOD: JULY 1, 2005 - JUNE 30, 2006

|            | Department/Court:   | HEALTH AND HUMAN SERVICE AGENCY   |
|------------|---|---|
|            | Division/Unit:  | EAST COUNTY MENTAL HEALTH CLINIC  |
|            | VOLUNTEER PROC  | GRAM BENEFITS:  |
| a.         | GENERAL VOLUNT intern, groups, corpo  | EERS (this section should include community volunteer, student prations, etc.)  |
|            | No. Vol. 2  | Hours 261.5 X \$18.04 = \$4,717.4   |
|            |   | by GENERAL VOLUNTEERS in this category:   |
| So         | cial work intern provid   | ed psychotherapy to individuals and groups, and received X  |
| hou        | urs of supervision. Co  | mmunity intern provided assistance for our clients to receive   |
| free       | e medications from ph   | armaceutical patient assistance programs  |
| b.         | DIC/DETC CAIN -4-   | JNTEERS (this section should include court referrals, honor camp inma   |
|            | PIC/RETC, GAIN, etc.)   |   |
| (1842) (18 | No. Vol. 4  | Hours 648.00 X \$18.04 = \$11,689.9   |
| Тур        | No. Vol. 4  | Hours 648.00 X \$18.04 = \$11,689.9 by INSTITUTIONAL VOLUNTEERS in this category:   |
| Тур        | No. Vol. 4  | Hours 648.00 X \$18.04 = \$11,689.9   |
| Тур        | No. Vol. 4  | Hours 648.00 X \$18.04 = \$11,689.9 by INSTITUTIONAL VOLUNTEERS in this category:   |
| Тур        | No. Vol. 4  Des of work performed erical, reception, and many special | Hours 648.00 X \$18.04 = \$11,689.9  by INSTITUTIONAL VOLUNTEERS in this category: nedical records services  INTEERS (this section should include utilization of Special  |
| Typ<br>Cle | No. Vol. 4  Des of work performed erical, reception, and many special | Hours 648.00 X \$18.04 = \$11,689.9  by INSTITUTIONAL VOLUNTEERS in this category: nedical records services  INTEERS (this section should include utilization of Special as requiring specific skills and/or expertise levels, for example, an ports figure or celebrity). These specialized ble compensation levels [VCL]. If you have such a volunteer  |
| Typ<br>Cle | No. Vol. 4  Does of work performed erical, reception, and management of the serical position attorney, physician, serical please indicate the position attorney.  | Hours 648:00 X \$18.04 = \$11,689.9  by INSTITUTIONAL VOLUNTEERS in this category: nedical records services  INTEERS (this section should include utilization of Special as requiring specific skills and/or expertise levels, for example, an ports figure or celebrity). These specialized ble compensation levels [VCL]. If you have such a volunteer, osition, hours and compensation level below.) |

0

Total Value

No. Vol. 0 Total Hours

\$0.00

| Types of work perform                                   | ed by SPE     | CIALIZEL   | ) VOLUNTE    | ERS in this category:  |
|---|---------------|------------|--------------|--|
|   |               |            |              |  |
| d. TOTALS OF DEP  | ARTMENT       | VOLUNT     |              | above):  |
| No. of Volunteers                                       | <u> </u>      | Hours      | <u>s</u>     | Dollar Benefit   |
| 2   |               | 261.5      | 5            | \$4,717  |
| 4   |               | 648.0      | 0            | \$11,690   |
| 0   |               | 0          |              | <u>\$0</u>   |
| TOTALS: 6   | Tota          | il Hours   | 910          | Total Value \$16,407.38  |
| DONATIONS TO VOL  | IINTEER E     | PROGRAI    | M·           | •  |
| books, etc. Please as donations section.  Item Donated: | sign a fair r | market val | ue to each a | s, air time, transportation, and add to the total value of the  Value:  Value:                   |
|   |               |            |              | Value:   |
| Item Donated:   |               |            | -            | Value:   |
|   |               |            | TOTAL        | VALUE = \$0.00   |
| VOLUNTEER PRO   | OGRAM CO      | OSTS:      | ν.           |  |
|   |               |            |              | s of direct supervision multiplied by the ogram volunteers.)                                     |
| Hours 40  | X             | Rate       | \$26.73      | \$1 <sub>7</sub> 069.20  |
| rate of coordinator                                     | [s]). This s  | ection sho | ould include | m coordination multiplied the hourly coordination of staff, compiling cement, recognition, etc.) |
| Hours   | X             | Rate       |              | \$0.00   |

3.

4.

| C. | Other program costs (training materials/supplies, red | cognition costs, etc.): |
|----|---|-------------------------|
|    | Item :  | Cost:                   |
|    | Item :  | Cost:                   |
|    | Item :  | Cost:                   |
|    | TOTAL OF OTHER PROGRAM COSTS =                        | \$0.00                  |
| d. | TOTAL OF PROGRAM COST (4a+4b+4c) =                    | \$1,069.20              |
| 5. | NET BENEFIT TO DEPARTMENT FROM VOLUNT                 | EER PROGRAM:            |
| а  | Total Dollar Benefits of Volunteers, Item 2d          | \$16,407.38             |
| b. | Total of Donations to Volunteer Program, Item 3       | \$0.00                  |
| C. | Subtract Total of program Costs, Item 4d              | \$1,069.20              |
|    | TOTAL PROGRAM BENEFIT:                                | \$15,338.18             |

|   |  |  | A         |   |
|---|--|--|-----------|---|
|   |  |  |           |   |
| Please desc                                     | OLUNTEER PROGRA<br>ribe any special activit<br>eriod of this report: |  |           | I <b>TS:</b><br>program was involved i  |
|   |  |  |           |   |
| Please desc                                     | R PROGRAM GOALS ribe your program goa ognition and other goa         | als. Include activities                      |           | :<br>of volunteers, recruitme           |
|   |  |  |           |   |
|   |  |  |           |   |
| GENERAL I                                       | NFORMATION:  |  |           |   |
|   | NFORMATION: son completing report                                    | t: <u>Doroth</u> y                           | J. King a | nd Luz Fernandez                        |
|   |  | t: <b>Dorothy</b><br>Mail Stop: <u>S546C</u> |           | nd Luz Fernandez<br>ız.Fernandez@sdcoun |
| Name of per                                     | son completing report  |  |           |   |
| Name of per<br>Phone:                           | son completing report  |  | E-Mail:   |   |
| Name of per<br>Phone:<br>Volunteer Co<br>Phone: | son completing report  | Mail Stop: S546C                             | E-Mail:   |   |
| Name of per<br>Phone:<br>Volunteer Co<br>Phone: | son completing report 619-401-5500  coordinator:                     | Mail Stop: S546C Mail Stop:                  | E-Mail:   |   |